Substitute Pay Invoice

Name of School:

Date of Meeting:

Teacher’s Names:

Description of Activity Requiring Substitute Pay:

|  |  |  |  |
| --- | --- | --- | --- |
| # of Days | Teacher’s Name | Daily Cost | Total |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | | Total |  |

Funds made possible through the OUR Perkins TIA Grant